

AMENDED IN ASSEMBLY AUGUST 15, 2006

AMENDED IN ASSEMBLY AUGUST 7, 2006

AMENDED IN SENATE APRIL 5, 2006

AMENDED IN SENATE MARCH 16, 2006

SENATE BILL

No. 1277

Introduced by Senator Alquist

February 10, 2006

An act to amend Section 16953.3 of the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1277, as amended, Alquist. Emergency services and care: reimbursement.

Existing law, the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act (EMS Act), establishes the Emergency Medical Services Authority within the California Health and Human Services Agency to provide statewide coordination of local county EMS programs.

Existing law authorizes a county to establish an emergency medical services fund for reimbursement of EMS related costs, and requires each county to establish within its emergency medical services fund various accounts into which each county is required to deposit funds appropriated by the Legislature for purposes of these accounts, including a Physician Services Account *and Hospital Services Account*. Existing law authorizes a county to allow the State Department of Health Services to administer the county's emergency medical services fund if the county also elects to have the department administer its medically indigent services program.

Existing law requires a county to adopt a fee schedule to establish a uniform, reasonable, level of reimbursement from the Physician Services Account for reimbursable services provided pursuant to the medically indigent services program.

This bill would require the State Department of Health Services to adopt a single fee schedule to establish a uniform, reasonable, level of reimbursement for use when a county contracts with the state for the administration of the Physician Services Account *and the Hospital Services Account*. This bill would permit the department to ~~contract for the development of the fee schedule or adopt an existing appropriate fee schedule~~ *develop, contract for the development of, or adopt by reference, the required fee schedule*, and would permit the department to be reimbursed for development or adoption of the fee schedule, as specified. This bill would also permit the department to implement the provisions of the bill by provider bulletins or similar instruction.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 16953.3 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 16953.3. (a) Notwithstanding any other restrictions on
- 4 reimbursement, a county shall adopt a fee schedule to establish a
- 5 uniform, reasonable level of reimbursement from the Physician
- 6 Services Account for reimbursable services.
- 7 (b) (1) Notwithstanding any other restrictions on
- 8 reimbursement, the State Department of Health Services shall
- 9 adopt a single fee schedule to establish a uniform, reasonable
- 10 level of reimbursement for use in the physician services
- 11 reimbursement programs operated by the department pursuant to
- 12 contract, as provided for in subdivision (c) of Section 16952.
- 13 (2) The State Department of Health Services may ~~contract for~~
- 14 ~~development of the fee schedule required by paragraph (1) or~~
- 15 ~~may adopt by reference an existing fee schedule appropriate for~~
- 16 ~~use by the department for this program.~~ *develop, contract for the*
- 17 *development of, or adopt by reference, the fee schedule required*
- 18 *by paragraph (1).*

1 (3) Pursuant to subdivision (d) of Section 16952, the State
2 Department of Health Services may be reimbursed by the
3 Physician Services Account *and the Hospital Services Account*
4 based on actual administrative costs to develop or adopt the fee
5 schedule required by paragraph (1), not to exceed 10 percent of
6 the amount of the account.

7 (4) Notwithstanding Chapter 3.5 (commencing with Section
8 11340) of Part 1 of Division 3 of Title 2 of the Government
9 Code, the department may implement this subdivision by means
10 of provider bulletins, or similar instruction, without taking formal
11 regulatory action.